FOR UTILITY/DESIGN CIP/PCT NATIONAL/PLANT ORIGINAL/SUBSTITUTE/SUPPLEMENTAL DECLARATIONS

residence and address.)

RULE 63 (37 C.F.R. 1.63) DECLARATION AND POWER OF A RNEY FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*	As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the					
	subject matter which is claimed and for which	ch a patent is sought on the I	NVENTION ENTITLED			
	the specification of which (CHECK	applicable BOX(ES))				
	-> [] is attached hereto.					
X	-> [X] was filed onAugu BOX(ES) -> [] was filed as PCT Interna	ist 3, 1999 as	U.S. Application No. 0	_/		
	> and (if applicable to U.S. or PCT)	application) was amended on				
	I hereby state that I have reviewed and under referred to above. I acknowledge the duty to claim foreign priority benefits under 35 U.S. below any foreign application for patent or having a filing date (1) before that of the application for the page 15 to 15	rstand the contents of the abo o disclose all information kno C.119/365 of any foreign appli inventor's certificate filed by	we identified specification where to be material cation(s) for patent or in me or my assignee disclo	to patentability as eventor's certificate using the subject ma	defined in 37 C.F.R. 1.: listed below and have als atter claimed in this app	56. I hereby so identified lication and
	PRIOR FOREIGN APPLICATION(S)	AND CONTILIVATE Filed	Date first Laid- open or Published	Date Patented or Granted	Priority Cla Yes	imed No
ъ		Oay/MONTH/Year Filed	open of Fuorished	Or Granico		110
Ρ.	Hei. 10-219246 Japan 3	/August/1998			X	
	I hereby claim domestic priority benefit unde listed above or below and, if this is a continuaddition to that disclosed in such prior application: 7 C.F.R. 1.56 which became available by application: PRIOR U.S. PROVISIONAL, NONPROVI	nuation-in-part (CIP) applicate ations, I acknowledge the duty etween the filing date of each	ion, insofar as the subje- to disclose all information such prior application a	ct matter disclosed in known to me to b	and claimed in this app e material to patentabilit	y as defined date of this
	Application No. (series code/serial no.)	Day/MONTH/Year	Filed pending	, abandoned, paten		<u>No</u>
	inda B:					
	I hereby declare that all statements made he					alianiad to ba
	meeted declare that all statements with the and further that these statements with application or any patent issued thereon. And I hereby appoint Cushman Darby & C. Ninth Floor, East Tower, Washington, D. C. below-named persons (of the same address Patent and Trademark Office connected the persons no longer with their firm and to accordance organization who/which first sends/sent the represented unless/until I instruct the above	ere made with the knowledge of Title 18 of the United State Cushman Intellectual Property C. 20005-3918, telephone number of the collectively erewith and with the resulting cet and rely on instructions from is case to them and by whom we Firm and/or a below attorning the content of the collection of	Group of Pillsbury Mac er (202) 861-3000 (to wi my attorneys to prosecu patent, and I hereby au m and communicate dire (which I hereby declare- ley in writing to the con-	tison & Sutro LLP, nom all communication to de this application in thorize them to de totly with the person that I have consente trary.	1100 New York Avenue ions are to be directed), and to transact all busin lete names/numbers bel h/assignee/attorney/firm/ed after full disclosure to	e, N.W, and the ess in the ow of
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	Inventor's Name (typed)Fi		e Initial		Country of C	Citizenship
	Residence (City) Post Office Address (Include Zip Code)		(State/Foreign Country)			
	3. INVENTOR'S SIGNATURE:			Date		
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	Residence (City) Post Office Address (Include Zip Code)		(State/Foreign Country)			
	LOST OTHER MODIESS (THEIRING TIP CODE)					

(FOR ADDITIONAL INVENTORS, check box [] and attach sheet (CDC-116.2) for same information for each re signature, name, date, citizenship.